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	1 PLACE OF DEATH 9/1 11481	STATE OF MARYLAND
Co	unty Miconnico Ep & Il. 16	CERTIFICATE OF DEATH
Co	p. g. Norp	Registration Dist. No. 333
Vii	PULL NAME Maggie Bagu	Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	exal Color or RACE Single, Married, Willowed, Orphysored (Write the word)	(Mohth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	and 190 to and 19 1913.
	(Month) (Day (Year)	that I last saw h. A. alive on C
TA		and that death occurred on the date stated above, atm,
A	boll 47 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a pa	OCCUPATION OTrade, profession, or Houskeefourg General nature of Industry,	Zangen
bus	ch employed (or employer)	Contributory defection in cut on fort
	(State or country) Linguis	Secondary (Duration) yrs mos / 6 ds
	10 NAME OF FATHER	(Signed) M. D.
ITS	11 BIRTHPLACE OF FATHER	ang 19, 1913 (Address) Salashary his
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 7	(Informant) Miss Contlenden Sufet, Hospital	Where was disease contracted, If not at place of death? Former or usual residence.
16	Que 19 1913 No Tumo	19 PLACE OF BURIAL OR REMOVAL Property Jasly Jan 1913. 20 UNDERTAKER ADDRESS
	REGISTRAR	Geo. C. Hill deliabran
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. thenia," "Anacmia" (merely symptomatic), "Atrophy." nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify us childbirth or miscarriage as "Puenpenal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanttion," "Marasgcnital," "Senile," ctc.), affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. Sarcoma, etc., of..... (name origin; "Can-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1913 BUREAU. V. S.

N.B.

PHYSICIANS should state of OCCUPATION is very UNFADING INK-THIS IS A PERMANENT RECORD of information should be carefully supplied. AGE should be stated mandler. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Ilf death occurred in

	FULL NAME Infant Bisho	St.; Ward)	a hospital or institution, give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
38	exall 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month)	5-5 ,1913 (Day (Year)
6 D	ATE OF BIRTH Aug 25, 1913 (Month) (Day (Year)	17 I HEREBY GERTIFY, That I	, 191
7 A		and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	`
(a pa (b) bus whi	CCUPATION) Trade, profession, or rticular kind of work General nature of industry, cliness, or establishment in ich employed (or employer)	the dead a war	To Profafty Cor number
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MOTHER (State or country) 19 MOTHER (State or country) 10 MOTHER (State or country) 11 MOTHER (State or country) 12 MAIDEN NAME 13 BIRTHPLACE 14 MOTHER (State or country) 16 MOTHER (State or country)	*State the DISEASE CAUSING DEATH, OF, CAUSES, State (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENCE) At place in the of death yrs. mos. ds. State Where was disease contracted.	Institutions, Transients,
	(Informant)	If not at place of death?	***************************************
15 File	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 191
	REGISTRAR If more blanks are needed, address State Registra		ADDRESS

te Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DATLOCT. 13

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 0.04 [It death occurred in St :----Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) -Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, mos, ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Intermant) usual residence 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 15 ADDRESS Filed Aug. 30 . 1913 more blanks are needed, address State Regis trar, 6 b. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purreral scottchae etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." 'Uraemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of or momicidal, or as probably "Dropsy," "Exhaustion," _ (name origin; "Can death), 29 ds. Never report Examples: of

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SEP 5 1918
BURLAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact: statement of OCCUPATION is very RECORD PERMANENT BINDING UNFADING INK-THIS IS RESERVED MARGIN

Vill	* FULL NAME Levi C. Denn	St.; Ward) [If death occurred a hospital or institution give its NAME loste of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	Tale Multe (Write the word)	18 DATE OF DEATH August 1 13 , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	January 25 18. (Month) (Day) (Yes	·····
7 AGE	7.6 yrs. 6 mos. 18 ds. ORml	hrs. The CAUSE OF DEATH * was as follows:
(a) Fr partic (b) Go busines	cupation rade, profession, or cular kind of work eneral nature of industry, sss, or establishment in employed (or employer)	(Buration) 2 yrs. mos. d
9 BIR	THPLACE to OF COURTY American Marylan	Gontributory (Secondary) (Duration)yrsmosd
v 1	PARTIE Armas Donnies 11 BIRTHPLACE	(Signed) Letterille, M. 1 aug-13, 1913 (Address) Pattorille, Ind
EN	(State or country) America Margar	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	BIRTHPLACE OF MOTHER (State or country) American	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos ds.
14TH	formant) Curtis F. Dennis	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Willards MA # 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ,, 1913
Filed.	8/2/ 1913 & Racels Mail	20 UNDERTAKER ADDRESS

11484

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchae--Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Tracmia," "Weakness," etc., when a definite disease can be ascertained as the ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can The nature of the "Exhaustion," Never report Examples:

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RECORD	PHYSICIANS should a
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH In plain terms, so that It may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
	110

1 PLACE OF DEATH STATE OF MARYLAND 11485 CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in Ward) a hospifal or institution. give ifs NAME instead of sfreef and nomber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, f day,.....hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death yrs. mes. State yrs mos. Where was disease confracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIA 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

icsis of lungs, meninges, ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitls"); Diphtheria causing dearm (the primary affection with respect to "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never peritonaeum, etc., report "Typhoid (avoid use of

> themia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. genital," "Senile," etc.), mere symptoms or terminal conditions, such as "Asoma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon," State cause for Never report

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SEP 2 1913 BUREAU, V.S.

BINDING RESERVED MARGIN

No. **v**2

PHYSICIANS should state of OCCUPATION Is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS should AGE carefully supplied. may be See instructions on back of certificate. DEATH in plain terms, so Every item of information should be CAUSE OF DEATH in plain terms, so Important. 0 ż

11486 Village or Cityhen Delma (No.

LPLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution,

FULL NAME Infunt S	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Whet Single, Married, Widowed, or Divorced (Write the word)	16 DATE OF DEATH Duy 23, 1913 (Math) (Day (Year)
6 DATE OF BIRTH Ouy 23, 63 Storth) (Day (Year)	that I last saw here and a saw here and a saw here and a saw here and a saw here a saw h
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Still born
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory Slepe labor on Secondary Countributory (Duration)
OF FATHER William Donousy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (M. 0. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds
(Informant) On Down Knowledge	Where was disease contracted, It not at place of death? Former or usual residence.
16 Filed Am, 3", 191.3. The Bodies Junes REGISTRAR	19 place of Burial or REMOVAL Outlier Comets aug 23, 191. 20 UNDERTAKER ORIGINAL ADDRESS OF THE STATE OF BURIAL AUGUST 23 191. ADDRESS OF THE STATE OF BURIAL OF THE
If more blanks/ang needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer; For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease gainfully employed, as At school or At home. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The pature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of may be stated under the head death), 29 Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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N. B Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	L.	Important. See instructions on back of certificate.
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state

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
G. G. Hosta	tal 11487 Registration Dist. No. 333
Village or City Sulsbury (No. Dis	/- /3. St.; Ward) [If death occurred in
Ω	give its NAME instead
FULL NAME Delema L	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE S SINGLE, MARRIED, Swifte	16 DATE OF DEATH Quy 16 , 1913
Jemale Black (Write the word)	(Moyth) (Day (Year)
6 DATE OF BIRTH	au 1 1013 to au 16 1013
I don't know,	that I last saw h. Mr. allye on any 16 1015
(Month) (Day (Year) 7 AGE If LESS than	- 10
About 14 1 day	and that death occurred on the date stated above, at
yrs. mos ds. OR min.?	Per character of DEATH's was as follows:
(a) Trade, profession, or	
particular kind of work	A
(b) General nature of industry, business, or establishment in Authority which employed (or employer)	(Duration) yr Kullings with s.
State or country)	Secondary Outline
10 NAME OF FATHER OMNOWING	(Signed) (Duration) ds.
of Father	Cuy 18, 1915 (Address) Sechishur Vus
(State or country)	*State the Disease Causing Death, or, in deaths from Violent
of Mother Aulaum	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. 2 ds. State yrs. mos 2 ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Miss Erettenden Supt	If not at place of death?
alali la Mad	usual residence
(Address) Sandowny Ma.	Shill II G
Filed Airg 15 1913. L. R. Turner.	20 UNDERTAKER ADDRESS
REGISTRAR	Seo. E. Kell Salisbury med
It more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the misrase causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping eough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caumia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaethenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

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HECEIVED SEP 2 1913 BUREAU. V.S.

RECORD PERMANENT UNFADING

10 PHYSICIANS should of OCCUPATION IS properly certificate, 0 back Instructions 5 DEATH See OF mportant. CAUSE

state

3 SEX

7 AGE

PARENT

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FledRuc

BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address) ...

OF MOTHER

which employed (or employer)

1 PLACE OF DEATH Meta Canaria

11488

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Sounty	. h. Sand St. Sangarana Sanda		1
Village or City Ma	nticohre	(No	
	0		1

(Month)

Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead ot street and number. 1

191

m,

D.

FULL NAME Moses Millon norwo PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17

(Year)

If LESS than

1 day.....hrs.

that	I last saw hamalive on
and	that death occurred on the date stated above, at 2
The	CAUSE OF DEATH* was as follows:
0	Jushard Fellen

	(Ouration) yrs 7 mds

Secondary				
***************************************	(Duration)	yrs	mos	
(Signed)	(OX)	ay		· ·
(0000)		~		, M.

(Address)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGT	H OF RE	SIDENCE DENTS)	(FOR H	OSPITALS,	INSTITUTION	S, TRANS	IENTS
At place				In the			
of death	vre	mae	de	Ctata	Mme		

Where was disease contracted. If not at place of death?

Former or usual residence.

Contributory

19 PLACE OF BURIAL OR RE	
Nanticotre	

	DAI	L	OF	13.0	KI/	J
	0	1		10	2 /	M
	en	Eng.	. 1	find.	, .	101
2		9000				121

20 UNDERTAKER

ADDRESS walv

REGISTRAR

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

· Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Greecry; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

pneumonia"); Lobar pneumoma; Bronchopneumonia icsis of lungs, meninges, brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tuberenfever peritonaeum, etc., (never report "Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Measics (disease causing death), 29 ds.; (Recommendations on statement of M INJURY and qualify as (name origin; "Can-State cause for Never report

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SEP 4 1913 BUREAU, V. S.

800

PHYSICIANS RECORD -Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT EXACTLY. PLAINLY, WITH UNFADING INK-THIS IS AGE See instructions on back of certificate. Important. N. B.

state OCCUPATION IS pinous

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County County	
	Registered No.
was a Mr Malan and ha	St: Ward) If death occurred in
Village or City (No. (No.	St; Ward) a hospital or institution,
	ot street and number.]
2 FULL NAME OF The Comme	V 72-67
PERSONAL AND STATISTICAL PARTIGULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, 7	16 DATE OF DEATH (eng 10, 1943
Market Mrs	(Month) (Day) (Year)
Female while (Write the word)	10 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Jan 15 1913 to Chis 10, 1913.
1847	
(Month) (Day) (Year)	that I last saw he alive on
AGE It LESS than	and that death occurred on the date stated above, at 8 20 am.
t day,hrs.	The CAUSE OF DEATH* was as follows:
atant 62 yrs. mos. ds. OR min.?	The state of a
OCCUPATION	
(a) Frade, profession, or particular kind of work	, , , , , , , , , , , , , , , , , , ,
(b) General nature of industry.	Den and Donas Cha
business, or ostablishment in	(Duration) yrs. mps. ds.
which employed (or employer)	Contributory General Subulus -
BIRTHPLACE (State or country)	(Secondary)
Theomes 63	Quantien) yrs. mos. ds.
10 NAME OF	2/ 2016
FATHER roll Jeman	(Signed) , M. D.
11 BIRTHPLACE	Clue 10, 191 3 (Address) Della duy m)
(State or (country))	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER 3/4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the ot death yrs, mos, ds. State yrs, mos, ds.
	Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Informant) Wish trusts	Former or usual residence
× 0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	1 1 1 1
6 00 4 07 040,	Inleans Denvey Very 1, 1913
Filed STIX 1913 Latrack hint	20 UNDERTAKER ADDRESS
REGISTRAR	In J. Jarems en will

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. cause. Always qualify ail diseases resuiting from such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

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	RECORD	PHYSICIANS should of OCCUPATION is
MARGIN RESERVED FOR BINDING	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should say It in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
Z	E PLAINLY, WITH	information should be carefully sup

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state

11490 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Overmico los Registration Dist. No..... Village or City Parson Ilf death occurred in StWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw her allve on aug 14 7 AGE It LESS than 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) ... FATHER 11 BIRTHPLACE (Address) L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 2 12 MAIDEN NAME OF MOTHER O 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or CAUSE OF important. usuai residence.. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regia trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from genital," childbirth or miscarriage. as "I'UERPERAL scptichacetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds. valvular heart discase; Chronic interstitial nephritis cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile." etc.), "Dropsy," "Exhaustion," "Haras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory "PUERPERAL peritonitis," etc. State cause for "Old Age," "Shock." (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Traemia," "Weakness," (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

PLACE OF DEATH 11491 County Miconico Pl Have	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 933
Village or City Salesbury (No. 13 C	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Single Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw has alive on any 2 1913
7 AGE It LESS than t day,hrs	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	but struck to
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Octowar Wiccomical College	Contributory (Secondary)
10 NAME OF Jun M. Guthrie	(Signed) Wall M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 140 0 0 0 0	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STATES OF THE STATE
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(intermant) THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not al place of death? Former or usual residence.
(Address) Delmar Del. 15 FUED LUG & 1913 Myurur	Delmar Del. Jug. 31d. 1913. 20 UNDERTAKER DATE OF BURIAL P. M. ADDRESS
REGISTRAR If more blanks are needed, address State Regis trar. 6	Gev. C. Hill Salisbury E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal scptichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock." ample: Meastes (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Traemia," "Weakness," (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1913
BUREAU. V.S.

Very 11492 CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. If death occurred in St .: Ward) RECORD a hospital or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE S SINGLE, 16 DATE OF DEATH MARRIED. BINDING WIDOWED, (Day (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ciassified. that I last saw h...... allve on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at.... 1 day, hrs. QR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in may (Duration) which employed (or employer) certificate. Contributory # Secondary (State or country) that 10 NAME OF FATHER (Signed) 80 90 terms, n back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) ATH of death yrs. mos. ds. State yrs. Where was disease contracted. OF DE If not at place of death? Former or (Informant) OF Every item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 Filediand ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman," The (6)

time and causation), using always the same accepted lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); "Croup";) prosbinal fever (the only definite synonym is term for the same disease. CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphthcria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia fever Examples: Cerebrospinal (never report "Typhoid "Epidemic cere-

> mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis, uant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For vio-LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Old Agc," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustiou," (name origin; "Can-State cause for Never report Ex-

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BUREAU, V.S.

RECORD statement PERMANENT classified. O THIS properly INK UNFADING may 80 WRITE 90 a Item OF Important. CAUSI 00

PHYSICIANS should state of OCCUPATION IS very certificate. 50 back ATH in plain instructions 11493

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

If death occurred in a hospital or institution,

give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 1912 WIDOWED. (Write the word) (Day (Year) CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at i day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS if not at place of death? Former or (informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Icsis of lungs, meninges, peritonaeum, etc., pneumonia"); "Croup";) brospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningltis"); Diphtheria (avoid use of Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercureport "Typhoid Carcin-

> thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Never report

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SEP 2 1913
BUREAU. V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified.

AGE

carefully supplied.

See instructions on back of

Important.

Every item of information should be CAUSE OF DEATH in plain terms, s

N. B.

RECORD

PERMANENT stated EXACTLY. 1 PLACE OF DEATH

11494

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration			2	2	4
Registration	Diet	No	27	0	/

[It death occurred in

2 FULL NAME Walton Hors	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Avale Acolor or race Sincle, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h Little alive on The grant 1913,
TAGE It LESS than 1 day,brs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	2
which employed (or employer) BIRTHPLACE (State or country) Weanne	Contributory Secondary Whey is him Marchan
10 NAME OF Clearence Horsen	(Signed) (Signed), M. D.
OF FATHER (State or country) Mccrucico	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Electrical Obrien 13 BIRTHPLACE OF MOTHER (State or country) Weconcer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the ot death yrs, mos, ds. State yrs, mos, ds
(Informant) Clearage Hoorsen	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Sir alve Miller	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUT 3 , 1913

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Parmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Auaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cansensis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

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County Mantico ke (No. 2 FULL NAME Milliam	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 337 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color Race 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCE (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Mog/h) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 24, 191 that I last saw have alive on AUM 291 3
TAGE Joseph Jacob	and that death occurred on the date stated above, at / Om, The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Mestrual / Eurorrhay, Secondary
10 NAME OF FATHER Charles alfred foxes 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Jurard D. Jurard M. D. (Signed) Jurard D. Jurard M. D. (Signed) Jurard D. Jurard M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THE BEST OF ME MNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
(interment) halles afred forces (Address) Mantigohe MA Filed My 30, 191 3 2 Thatter Lo Cal REGISTRAR	19 PLACE OF BURIAL OR PEMOVAGE OF BURIAL 3 20 UNDERTAKER 19 PLACE OF BURIAL OR PEMOVAGE OF BURIAL 3 20 UNDERTAKER 19 LUSSICK 19 LUSSI
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," ("Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BULLLAU, V.S.

OCT 21 1913

BURLEAU, V. S.

turk written

V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Charactering. 2FULL NAME 11496 11496 County 11496 Charactering.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOFOR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word) Month (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, Than I attended deceased from 20 1913 to cury 14 1913 that I last saw h N alive on Out 14 1913
TAGE It LESS than 1 day,hrs. ORmin.? Ca) Trade, protession, or particular kind of work.	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows: Arour fashro cuteritis
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Chester O MA	Contributory Rum kousning Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of gountry) 12 MAIDEN NAME OF MOTHER 4 A A A A A A A A A A A A A A A A A A	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds
(Interment) Augusta Agusta (Address) Augusta (Address) Augusta (Address) Augusta (Address) Registrar	Where was disease contracted, if not at place of death?— Former or usual residence.— 19 PLACE OF BURIAL OR TEMOVAL / DATE OF BURIAL 3 20 UNDERTAKER / SADDRESS / LANGE / LA

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. supplied. AGE should be smay be properly classified. 4 PLAINLY, WITH UNFADING INK-THIS IS See Instructions on back of N. B.—Every Item of CAUSE OF Important. S

PLACE OF DEATH	1149
County Merrice	

Village or City Broche

STATE OF MARYLAND CERTIFICATE OF DEATH

337 Registration Dist. No.

 S	t.;	 •••••	W	ar	d)

[It death occurred to a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
35	4 COLOR OR RACE 4 COLOR OR RACE MARRIED, WIOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month)	27 ,1913 (Day (Yeur)
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from	
	DEC 14 .450	and 121, 1913, to Re	191.3.
		that I last saw h in allye on are	[]]
7 A	(2002)	W. Carlotte and M. Carlotte an	
	1 0 7 17 1 dayhrs.	and that death occurred on the date sta	
	yrs mos ds, OR min,?	The CAUSE OF DEATH * was as follows	
BOCCUPATION		Blozs o Phagnege	at lacaty of s
(a) Trade, profession, or Carleenter			
(b)	General nature of Industry,		. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
business, or establishment in		(Duration)	7 yrs 2 mas /2 de
which employed (or employer)			11 W 4, annua Escapa SH W D 4 a car's oral F aca W D 4
(State or country) heary Court		Secondary	000 mm = 1000 00 00 00 00 00 00 00 00 00 00 00 0
		(Doration) yrs mos ds.	
	FATHER L		elle, M. D.
S	11 BIRTHPLACE	aug 21, 1913 (Address) 13 w	alex Med
Z	OF FATHER (State or country)		
SE.	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY;	or, in deaths from VIOLENT and (2) whether ACCIDEN-
PARENTS	OF MOTHER MELE TO HOLE	Tite, Solcibal, of Hosticipal,	
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)	LS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country) Melery Count		At place in the of death yrs. mos. ds. State yrs. mos, ds	
4 ,	7,0000	Where was disease contracted,	e yrs ds
(Informant) 6 Helass Garmas		It not at place of death?	
		Former or usual residence	
	minere hul	19 PLACE OF BURIAL OR REMOVAL	
5	(Address) 1 Section 1648	Dischar OR REMOVAL	Ching Der
2. / Who a.		20 miles	191.3
File	aug80 1918 of Maller	20 UNDERTAKER	ADDRESS
	REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V.	1 /swine /red

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer, or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, of homicidal, or as probabily mia," "Puerperal perationitis," etc. State cause for which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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SEP 4 1913 BUREAU, V.S.

RECORD

RMANENT

PHYSICIANS should of OCCUPATION IS classified. properly may 5 should CO plain Instructions = DEATH of OF CAUSE OF

County.... S ARENT

15

m

PLACE OF DEATH

Registration Dist. No...3

STATE OF MARYLAND

CERTIFICATE OF DEATH

If death occurred in a hospital or Institution, give its NAME lustead

Village or CityWard) of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h..... alive on (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ----Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) ., 1913.. (Address). 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place to the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ds. Where was disease contracted. If not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septichaeaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measies (disease causing death), 29 de.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples: For vio-

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SEP 1.5 1919

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	PLACE OF DEATH	STATE OF MARYLAND
C-	Wicomica 11499	CERTIFICATE OF DEATH
Co	unty II W TYVW	Registration Dist. No. 333
	Was O. A	1 1 -
Vil	lage or City/Ila Delmas (No. Dis	St.; Ward) [If death occurred in a hospital or institution,
	10 10 10 10	give its NAME instead of street and number.]
	2 FULL NAME Mary A. C. Nichols	g of Street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE, Single	16 DATE OF DEATH
-	MARRIED, WIDOWED.	(Month) (Day (Year)
	Hemale While "(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	aug 4 th 1913 to aug 12 d
	June 15th, 1827	that I last saw h & allve on Aug 12ch 1913
7 A	(Month) (Day (Year)	0 2 2 20
	1 day, hrs	and that death occurred on the date stated above, at 4, 2)
	86 yrs Z mos Z ds OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Denne Denny
	Trade, profession, or ricular kind of work.	•
(b)	General nature of industry,	4,
Dus Wh	iness, or establishment in	(Duration) May yrs mos / 4 d
9 B	RTHPLACE (State or country) M > 0	Secondary Secure Detaility
(State or country) Massel mand		ma,
	10 NAME OF	(Duration) 4 yrs mos 4 de
	FATHER Dont know	(Signed) / Sout allegard, M. I
PARENTS	11 BIRTHPLACE OF FATHER	alleg 1 11, 1913. (Address) Delinas Del
M	OF FATHER (State or country) //	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL SUCCIDAL OF HOMICIPAL
AR	12 MAIDEN NAME OF MOTHER	Tital, Botelbau, of Montelbau.
р.	13	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) // / /	At place in the
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
	Grand M. Willel	If not at place of death?
		Former or usual residence
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 News Delmann Med dug. 19th		
Filed ang 19. 1913 . I homer, 120 UNDERTAKER ADDRESS		
111	REGISTRAR	Geo. C. Hill Salsabury
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	V	(1102)

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers tication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory "Old Agc," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

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SEP 2 1913 BUREAU. V. S.

S. No. 1.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD properly classified. See instructions on back of -Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH 11500

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward) St .:---

[It death occurred in a hospital or institution,

2FULL NAME Clifored of Mutter of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
nale Colrol Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH CRUSHED 1918 (Month) (Day (Year)		
B DATE OF BIRTH SEC 3/ 19/2	HEREBY CERTIFY, That attended deceased from the head of 191 f., to attended., 191,		
7 AGE (Month) (Day (Year) 1 it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:		
a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Sich film Bisth f Diration yrs mos ds.		
which employed (or employer) **BIRTHPLACE* (State or country) **WICONNICO** CV	Contributor 1/ Mallin Level Regions		
10 NAME OF WESLEY T. MULTURY 11 BIRTHPLACE OF FATHER (State or country) Wilconnec 2 Maiden Name Of Mother	(Signed) Wesley June 198 (Address) Many Carlotte 198 (Address) Many Carlotte 198 (Address) Means of Injury; and (2) whether Accidental 198 (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds. State yrs, mos ds		
(Informant) Santicoke Mid	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL		
Flied Aug 80, 1818 S. Malle, ? REGISTRAR	Manticoke aug 8, 1912 20 UNDERTANER LOT MESSECTE Braid of Man		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ete., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (seeondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustlon," State eause for

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SEF 4 1913 BUREAU, V. S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN

V. S. No.

N.B.

	1 PLACE OF DEATH	STATE OF MARYLAND
	unty Micrinea 11501	CERTIFICATE OF DEATH
Col	unty 11001	Registration Dist. No. 334
Vill	age or City Sales turns (No.	St.; Ward) [If death occurred in
	FULL NAME Florssie Re	a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 8	1 de la file Single, Married, Origle Widowed, Originale With the word)	(Month) (Day (Year)
B D/	TE OF BIRTH Alb 5-th 1895	17 I HEREBY CERTIFY, That I attended deceased from 1919, to Diver 27 1913,
7	(Month) (Day (Year)	that I last saw her alive on au 26 1913
7 AC	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at m,
	yrs 6 mos 20 ds OR min.?	The GAUSE OF DEATH* was as follows:
800	CCUPATION	Teneral and sage of Juliuman
par	Trade, profession, or ticular kind of work	
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Ouration) yrs mos / Ods.
9 B1	RTHPLACE (State or country) Bullah dorchestes	Secondary (Ouration) yrs felicing ds
	10 NAME OF S. Parker	(Signed) M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Deulah Storchesler	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME Edith Robinson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Bucketown Nov.	At place In the of death yrs mos ds. State yrs, mos ds
⁴ T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Coth & Parker	Former or usual residenco
	(Address) LO4 /V. alunsian EV	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PAN.
1 6 File	a Aug 127" 1913	20 UNDERTAKER MONTH AND COMPANY 1913.
	Thousey Jus REGISTRAR	Jes. C. tell Salisbury
	II more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report

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PLACE OF DEATH . 11502	STATE OF MARYLAND	
County Malonico	CERTIFICATE OF DEATH	
mind Del	Registration Dist. No. 933	
Village or City Lugar (No. 5 Pa	st.; Ward) [It death occurred to a hospital or institution,	
Space to the	give its NAME Instead of street and number.]	
2FULL NAME OUT COME OF THE PROPERTY OF THE PRO		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Fernale White Single, Marries, Walls Willower, ORDINARCED (Write the word)	16 DATE OF DEATH Greg (Month) (Day (Year)	
B DATE OF BIRTH O	I HEREBY CERTIFY, That I attended deceased from	
Doute Throw,	July 30" 1913 to aceg 2 " 1913,	
7 AGE / Wonth) (Day (Year)	that I last saw her allye on dug 2 9, 193	
AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at the m, The GAUSE OF DEATH* was as follows:	
yrsds, ORmin.?	Lenarene of Sig due	
8 OCCUPATION HOUSE (Ceps)	to albumenestia	
particular kind of work. (b) General nature of industry, P		
business, or establishment in the business or establishment in which employed (or employer)	(Duration) — yrs mos 4 ds.	
9 BIRTHPLACE (State or country) A AMPRIL A.	Contributory Laugner	
- Proof and	(Duration) yrs mos 4 ds.	
10 NAME OF SURE FATHER SURE	(Signed) Robert Elleg ood , M. D.	
5 11 BIRTHPLACE OF FATHER	aug 29, 1913 (Address) Delinar Del	
(State or couldry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
of MOTHER Palls Corty		
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITÄLS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place	
(State or country) makey Cand	ot death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS RUE TO THE BEST OF BY KNOWLEDGE	Where was disease contracted, It not at place ot death?	
(Intermant) Gentle Fall (Intermant)	Former or usual residence	
(Address) Alleman DEL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Banks Cemeterry Sugust 41812	
Flooling 3, 1913 all Turner	ALONE A BORESS	
REGISTRAR	WIED Moruel Delmongal	
I made state needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

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SEP 2 1913
BUREAU. V.S.

UNFADING INK-THIS

N.B.

Exact statement stated EXACTLY. properly classified. should be AGE carefully supplied. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

Village or City.

PLACI	E OF DEATH	11503
County Mi	1 (1000	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;	Ward)
------	-------

[it death occurred in a hospitat or institution, give its NAME instead of street and number.]

FULL NAME JASLES GENERAL PERSONAL

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word) Manney 8 DATE OF BIRTH CLINT Sen-	16 DATE OF DEATH S. J. 1913. (Month) (Day) (Year)	
(Month) (Day) (Year)	that I Jast saw h. es alive on	
3'6 yrs. 9 mos. ds. OR min.?	and that death occurred on the date stated above, at	
BOCCUPATION (a) Trade, profession, or particular kind of work. ASOUNDE MAJOUNDE MAJOUNDE	Parishy sandans Englished	
(b) General nature of industry, business, or establishment in which employed (or amployer)	(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) Nicemaco	Contributory (Secondary) (Duration) yrs mos ds.	
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Address) Separation M. D.	
OF FATHER (State or country) Murylusue 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OF RECENT RESIDENTS) At place In the ot death	
(Intermant) Themus A Pansine	if not at place of death? Former or usual residenca	
(Address) Palloarille Mol	Hernel Green (1000 SHO), 1913.	
Filed 191 Supt REGISTRAN If more blanks are needed, address State Regis trar, 6 E	Mrs P. Pensons Hheleanilla	

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, should be taken to report specifically the occupations duties of the household only (not paid Housekcepers it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulmine, etc. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indl-Women at home, who are engaged in the Never. return "Laborer," "Foreman," As examples: For persons (0)

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cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease-can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably nant neoplasms); Measles; Whooping cough; Chroniu eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Traemia," "Weakness," _ (name origin; "Can-Examples:

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PERMANENT OZIOZ

RECORD

PLACE OF DEATH

11504

CERTIFICATE OF DEATH Registration Dist. No OCCUPATION Ilf death occurred in St.:...Ward) a hospital or Institution, give its NAME instead ot street and number.] 0 MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classifled. that I last saw h. pe (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 properly BOCCUPATION AG (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in (Duration) may which employed (or employer) Contributory (Secondary) certificate. 9 BIRTHPLACE 1 (State or country) 1 hdu al that 10 NAME OF FATHER (Signed) o back 11 BIRTHPLACE terms, 1 OF FATHER (State or country) AREN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER of death yrs. mos. ds. ATH (State or country) State yrs, mos. .. Where was disease contracted. 14THE ABOVE IS TRUE TO It not at place of death? of ۵ Item OF usual residence. mportant. ы DATE OF BURIAL Every 15 ADDRESS m ż more blanks are needed, address State Regis trar, 6 E. Franklin St., Basto., Requesting V. S. No. 1.

STATE OF MARYLAND

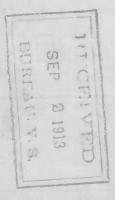
[Approved by U. S. Census and American Public Health
Association.]

causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.). return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as mus," "Old Age," "Shock." 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. ctc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senfle," etc.), may be stated under the head (Recommendations on statement of or Homicidal, or as probably "Dropsy," "Exhaustion," "PUERPERAL septichae (name origin; "Can-Never report Examples: 10

If this certificate is looked over thoroughly and all garations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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11505 1 PLACE OF DEATH Very of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS statement 5 emult. 3 SEX 4 COLOR OR RACE MARRIED, HDOWED (Write the word) Exact 6 DATE OF BIRTH classified. (Year) (Month) (Day) If LESS that 7 AGE pinous f day,hrs 56 OR min. ? mos. ds. properly 8 OCCUPATION (a) Trade, profession, or particular kind of work.. supplied. (b) General nature of Industry, be business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully 1 that 10 NAME OF FATHER ō back ARENTS 11 BIRTHPLACE terms, OFFATHER (State or country) 0 12 MAIDEN NAME plain OF MOTHER See instructions Information 13 BIRTHPLACE = OF MOTHER (State or country) of Inform 14THE ABOVE IS TRUE KNOWLEDGE Every Item CAUSE OF Important. 15 m REGISTRAS ż If more blanks are needed, address State Regis trar,

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No.

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH		
(Month) (Day) (Year)		
17 i HEREBY CERTIFY, That I attended deceased from		
2 7, 1913, to Que, , 1913		
that I last saw harmalive on		
and that death occurred on the date stated above, at 3 4 0 m		
The CAUSE OF DEATH* was as follows:		
Tyria following		
persagio of trivila		
J		
yrsmosgds		
Contributory Paralle in to Line		
(Secondary)		
(Duration) yrs. mos. 8 ds		
(Signed) Hen & Warle M. D.		
Cery / , 1913. (Address) Selester In		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
OR RECENT RESIDENTS)		
At place In the of death yrs mos ds. State yrs mos ds		
Where was disease contracted.		
If not at place of death?		
usual residenca		
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Emperland Md Aug 1913		
29 HNDERTAKER ADDRESS		
Shipped Seo. E. Hill Solisbur Me		
114 our oiles selloury 111-		

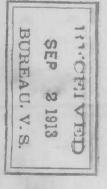
[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -"L'oreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrement septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for "Old Age," "Shock," "Traemia," "Weakness," liways qualify ail diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Conetc.), "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRACE OF DEATH 11506	STATE OF MARYLAND	
County Miconico	CERTIFICATE OF DEATH	
	Registration Dist, No.	
Village or City near Sharplann 2FULL NAME Marey	St.; Ward) [If death occorred is a hospital or iostitution, give its NAME lastead of street and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemule Colord RRACE Single, MARRIED, MIDOWED WIDOWED (Write the word)	(Month) (Day (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended decessed from	
(Month) (Day (Year)	that I last aaw her alive on ling 25, 1913	
7 AGE 3 9 yrs mos ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:	
(a) Trade, profession, or particular kind of work	Tuberculores	
(b) General nature of Industry, business, or establishment In which employed (or employar)	(Duration) yrs 6 mos. ds.	
9 BIRTHPLACE (State or country)	Secondary (A)	
10 NAME OF John H. Verry	(Signed) Je Land, M. O.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	Aug S., 191. 3 (Address) And All A Month of the Disease Causing Death, or, in deaths from Violent	
of Mother Clen Barnell	tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrs,mosds. Stateyrs,mosds	
(Informant)	Where was disease contracted, If not at place of death?	
(Address) Skarptown Mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	From lendly llug 25, 191	
Filed	20 UNDERFAKER ADDRESS ADDRESS	
If more blanks are needed, address State Regist	Trans 6 & Franklin St. Balto Despetting V. S. No. 1	

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. who have no occupation whatever, write None. first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," . "Foreman," Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory tctanus) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, death), 29 ds.; cause for

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BUREAU, V.S.

NOV 1 4 1918
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Exact statement

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DEATH in plain terms, so See Instructions on back of

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1 PLACE OF DEATH	
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County Wieomie	

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 93 3

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lif death occurred in a hospital or institution, give its NAME instead of street and number. I

× .	2FULL NAME MAY & Sualor		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)		16 DATE OF DEATH (Month)	(Day (Year)
6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw h 2 alive on	t I attended deceased from 1917
7 A		and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
(a pa (b) bus	OCCUPATION) Trade, profession, or riticular kind of work Jourse j General nature of industry, siness, or establishment in lich employed (or employer)	(Duration)	yrs mos 2/ds
	10 NAME OF	Contributory Secondary (Duration)	yrs mos ds
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, Causes, state (1) Means of Injury;	or, in death from VioLent and (2) whether Acciden-
Δ.	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the ot death yrs	
14 7	(Informant) Affect of the Best of My Knowledge	Where was disease contracted, It not at place of death? Former or usual residence.	,
15	Aug 18 1913 NP Jurner	Parsons Camely 20 UNDERTAKER	DATE OF BURIAL AND 1913 ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

Holloway &

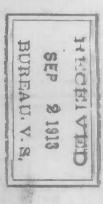
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SICIANS should RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Write the word) (Month) BINDIN (Mont (Dav (Year) 7 AGE If LESS than 1 day.....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or 1 particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory certifica Secondary 10 NAME OF FATHER 90 back PARENTS (Address) OF FATHER (State or country) 12 MAIDEN NAME See instructions OF MOTHER piai OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER DEATH of death yrs. mos. ds. Where was disease contracted. If not at place of death? Former or OF Important. usual residence. CAUSE 15

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11508

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ilf death occurred in a hospital or institution. give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Dav

I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the

State yrs, ____ mos. ds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stattonary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite): Tuberencesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 9 1913
BUREAU. V. S.

PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

No.

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RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. important.

11509 1 PLACE OF DEATH County Hitermie los
Village or Gity Hebron



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Word

[It death occurred in

	2 FULL NAME Roy 6 Walte	a hospital or Institution, give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Modh) (Day) (Year) 12 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH June (Month) (Day) (Year)	that last saw h Migalive on aug 7 1913
7 A	9 / wrs. / mos. 2 ds. or min.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH * was as follows:
(a) pa (b) bus	OCCUPATION) Trade, profession, or rticular kind of work) General nature of Industry, siness, or establishmant in lich employed (or employer)	(Ouration) yrs. mos. ds.
9 g (S	10 NAME OF -	Contributory. (Secondary) (Duration) yrs. mos. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OFFICE OF FATHER (State or country) 12 MAIDEN NAME OFFICE OF FATHER (State or country)	(Signed) , M. D. (Signed) , M
PAR	13 BIRTHPLACE MASGALST LOW 13 BIRTHPLACE OF MOTHER (State or country) Willownies (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14-	(Intermant). Helds Haller	Where was disease contracted, If not at place of death? Former or usual residence
16 Fi	(Address) 19t3 2 Shift A REGISTRAN	Lebron Cemitry ang. 11., 1913. 20 UNDERTAKER JOD. O. Hill ENLISTMENT
	It more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinoscia

cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SEICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Injury, as fracture of skuil, and consequences (e. g., ls less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Convulsions," "Dehillty" ("Con-__ (name origin; "Can-Never report Examples: 01

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SEP 19 1913 BUREAU. V. S.

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RECORD PERMANENT 4 UNFADING INK-THIS WITH should Information WRITE 0

PHYSICIANS should of OCCUPATION IS classified. properly 0 DEATH in plain terms, See instructions on back DEATH Every item CAUSE OF Important. S

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

(Address

PARENTS

15

PLACE OF DEATH

11510

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 3 7

St.;Ward)	[If death occurred a hospital or institution give its NAME instead of street and number.
	of street and namper.

Village or City Ollina (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mele C Solor or RACE Solor of RACE WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH WIKNOWN,	17 I HEREBY CERTIFY, KNIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10:30p. The CAUSE OF DEATH* was as follows: Hemicide, by firearms. (instantance)
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mos d Contributory Secondary

l	6-1
I	(Signed) Daward
4	(0)

Nanticeke. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENCE (FOR	HOSPITALS, INSTITUT	TIONS, TRANSIENT
At place	In the	
of death yrs mos	ls. State yrs.	mosd

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE	ALBUBIA	LOR	REMO	VAM
	060	20.0	1 kga	. 13

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

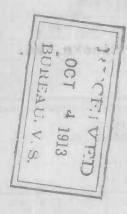
[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman," (4)

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninyes, peritonaeum, etc., ("Pneumonia," brospinal meningitis"); Diphthcria (avoid use fever (the only defiuite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the nisease Typhoid unqualified, is indefinite): Tubcrcufever (never report "Epidemic cere-"Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephrills, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) Meastes (disease causing death), 29 ds.; (Recommendatious on statement of may be stated under the head of "Dropsy," "Exhaustion, State cause for Never report

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

STATE OF MARILANIA CERTIFICATE OF DEATH Registration Dist. No. 33.

FULL NAME D Enaul	St.; Ward) a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARKIED, WIDOWED, OWNINGRED (Write the word)	16 DATE OF DEATH Quy // , 1913
6 DATE OF BIRTH ON MUNICIPAL 1	that I ast saw h Analyse on Que (1913
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. BOCCUPATION	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 110 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Duration) yrs mos ds. Contributory (Doration) yrs mos ds. Secondary (Doration) yrs mos ds. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed Aug 191 3. REGISTRAR If more blanks are needed, address State Regist	DATE OF BURIAL OR REMOVAL Westorer, Somersel D. Rads. Aug., 1913. 20 UNDERTAKER Sco. C. Phill Salisbury, by par, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid House ecpers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Pueaperal septichucmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

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SEP 2 1913 BUREAU. V.S.

N. B.- Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN

1 PLACE OF DEATH

PLACE OF DEATH 11512	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty 100 mico	Registration Dist, No. 338
Village or City Bebrow (No	St.; Ward) [If death occurred a hospital or institution give its NAME loste of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuals Hute Single, Married Widower, ORDIVERCED (Write the word)	16 DATE OF DEATH Que 3/ , 191 (Month) (Day (Year
8 DATE OF BIRTH May 25, 1875	17 I HEREBY CERTIFY, That I attended deceased for the standard of the standard
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trada, profession, or particular kind of work. Soccupation (b) Trada, profession, or particular kind of work.	Huberculous
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos.
(State or country) Mardela Space.	Secondary (Duration) yrs mos
10 NAME OF Obdiah Darby.	(Signed) It, 6, 6 omoway
State or country) Heronicko Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL
of Mother Serah Graham,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accir tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Welsonied Co	At place In the of death yrs mos ds. State yrs mos
(Informant) TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address). A Hebrou	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Ang 11 1915 H. S. Failles	20 UNDERTAKER ADDRESS
REGISTRAR	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits cau be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a defiuite disease can be ascertained as the affection need not be stated unless important. which surgical operation was undertaken. For vio-Brone opneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report

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SEP 19 1913 BUREAU, V. S.